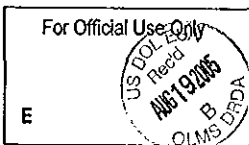


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9990	2. Fiscal Year Covered From: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> Through: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>
3. Name and address of person filing. Name MARTEL R FRASER P.O. Box, Bldg., Room No., if any P.O. Box 2878 Street 816 Camarillo Springs Rd Ste H City CAMARILLO State CA ZIP Code + 4 90108-2878	4. Name, file number, and address of labor organization. Name United Food & Commercial Workers Union Local 1036 Labor Organization File Number 007-119 P.O. Box, Building and Room Number, if any P.O. Box 2878 Street 816 Camarillo Springs Rd Ste H City CAMARILLO State CA ZIP Code + 4 90108-2878
5. Position in labor organization. Secretary - Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Martel Fraser

On 8/9/05
Date

805 383-3311
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Urban StanleyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 S La Salle StCity ChicagoState IL ZIP Code + 4 60605

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 3G United Food & Commercial WorkersTrade Name, if any: Union & Food Employers Joint Trust FundsP.O. Box, Bldg., Room No., if any P.O. Box 600Street 6925 Katerla AveCity CypressState CA ZIP Code + 4 90630-0000

11.a. Nature of such dealing.

Real Estate Investment
Services
Prime Property Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner
Nov 29

Dinner
Dec 1

12.b. Amount. 50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Marte R. Frasen

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Union Bank of CaliforniaTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 445 SO. Figueroa 5th FloorCity Los AngelesState CA ZIP Code + 4 90071

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 3C United Food & Comm WorkersTrade Name, if any: Unions & Food Employers Joint Trust FundP.O. Box, Bldg., Room No., if any P.O. Box 6010Street 6925 Santa Ana AveCity CypressState CA ZIP Code + 4 90630

11.a. Nature of such dealing.

Corporate Co-Trusts for Pension Funds11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner November 3012.b. Amount. \$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment. 13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

Markel R Fraser

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lazard Asset Management LLCTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 30 Rockefeller PlazaCity New YorkState NY ZIP Code + 4 10112-6300

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name 30 United Food & Comm Workers Unions& Food Employers Joint Trust FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Room 6000Street 6425 Rockville AveCity CypressState CA ZIP Code + 4 90630-0000

11.a. Nature of such dealing.

Investment manager for Pension Fund11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner December 2nd12.b. Amount. \$70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment. 13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing

Markel R. Fraser

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name *Goldman Sachs Asset mgmt*Trade Name, if any: P.O. Box, Bldg., Room No., if any Street *550 California St*City *San Francisco*State *CA* ZIP Code + 4 *94104*

14.a. Nature of payment.

*Dinner
December 3rd*

14.b. Amount of payment.

*\$60*13.b. Is the Business an Employer ☒or Consultant ☐

?

Name of Person Filing

Markel R Fraser

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blue Cross of CaliforniaTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 21505 WINDY ST M13-PC-PCCity WOODLAND HILLSState CA ZIP Code + 4 91367

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SCUMED Food + Comm WorkersTrade Name, if any: UNIONS and FOOD EMPLOYEES JOINT TRUSTP.O. Box, Bldg., Room No., if any P.O. BOX 6010Street 6428 KATIE AVECity CYPRESSState CA ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

HEALTHCARE NETWORK PROVIDER11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner December 04, 200812.b. Amount. \$105

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

MARTIN R FRASER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

International Foundation
Education Benefits
Reimburse ment of expenses
for attendance

11.b. Approximate dollar value of such dealing.

\$1111.75

12.a. Nature of interest held or income received.

Reimbursement of
expenses for attendance

12.b. Amount.

\$1111.75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.